

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Reyes Care Home	CHAPTER 100.1
Address: 94-931-A Lumihoahu Street, Waipahu, Hawaii 96797	Inspection Date: October 24, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG#1 – No date on physical exam. Unable to determine if timely annual physical was completed. SCG#2 and SCG#3 – Missing proof of initial 2-step TB test.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG # 1 Will have PCP check his records and correct my forms and add date on physical exam.</p> <p>SCG # 2 + SCG # 3 SCG # 2 + SCG # 3 will go back to PCP. they completed the two step</p>	<p>1-9-20</p> <p>1-9-20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG#1 – No date on physical exam. Unable to determine if timely annual physical was completed.</p> <p>SCG#2 and SCG#3 – Missing proof of initial 2-step TB test.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SCG #1 Upon leaving the doctors office Caregiver will check all forms to make sure they are dated. Another check will be done before the actual filling to ensure all forms ^{are} properly dated.</p> <p>SCG#2 + SCG#3 I will make sure a reminder note to check for initial and annual TB test is completed yearly.</p>	1-9-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #1: Low-salt diet menu not available. Resident #2: Diabetic diet menu not available.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Obtained a low-salt diet menu and a diabetic diet menu for four weeks from a registered dietitian.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1- Special diet order (low-salt diet) not being provided as ordered by physician. Regular diet being provided.</p> <p>Resident #2 – Special diet order (diabetic diet) not being provided as ordered by physician. Regular diet being provided.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>A-1 Resident # 1 a low salt diet is now being served.</i></p> <p><i>Resident # 2 a diabetic diet is now being served.</i></p>	<i>1-9-20</i>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired bottled food items stored in food pantry: peanut butter (expired 3/24/16), Country Pumpkin Butter (expired 9/6/16), and minced ginger (8/15/14).</p> <p>A bag of onions stored on the floor in the food pantry.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>① Reviewed and took out all expired canned foods. Removed and groceries from floor area.</p>	1-9-20

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired bottled food items stored in food pantry: peanut butter (expired 3/24/16), Country Pumpkin Butter (expired 9/6/16), and minced ginger (8/15/14).</p> <p>A bag of onions stored on the floor in food pantry.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>#2 Besides checking expiration dates when restocking pantry we will arrange pantry in a first in, first out manner. All new cans will be stored behind existing cans to ensure first in cans are used first. A rolling cart has been added to pantry to hold all incoming groceries.</p>	1-9-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Residents' medications stored unsecured on primary care giver's (PCG) kitchen table in separate dwelling from residents.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Now stored in locked cabinet Reinstructed all CG on the care homes rules in storage of residents medication.</i></p>	<i>1-9-20</i>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Residents' medications stored unsecured on primary care giver's (PCG) kitchen table in separate dwelling from residents.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>A refresher training checklist will be made. Rules in storage of residents medication will be added. Will conduct "refresher training" every 6 months on the care home rules for dispensing and storage of medication to all caregivers.</i></p>	<p><i>1-9-20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication order unavailable for “Benadryl 1 cap every 6 hours as needed for itching, rash”, as labeled on medication administration record (MAR).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Got order from resident PCP.</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 Personal care services. (e) Residents who are incontinent shall be bathed or cleaned promptly upon voiding and soiling. All soiled items shall be segregated and appropriately stored until they can be properly cleaned.</p> <p><u>FINDINGS</u> Resident #1 – Clothes and bed linens not cleaned and changed promptly upon voiding in bed.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>THIS DEFICIENCY WAS CORRECTED DURING THE INSPECTION.</p> <p><i>(1) Cleaned and changed</i></p>	<p><i>1-9-20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (e) Residents who are incontinent shall be bathed or cleaned promptly upon voiding and soiling. All soiled items shall be segregated and appropriately stored until they can be properly cleaned.</p> <p><u>FINDINGS</u> Resident #1 – Clothes and bed linens not cleaned and changed promptly upon voiding in bed.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Will re-instruct CG that priority over any other task be given to any resident that has voided or soiled their clothes or bed. Will also include this reminder every 6 months in our "refresher training"</i></p>	<p><i>1-9-20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Physician visits on 11/15/18, 11/23/18, and 1/9/19 were not documented in progress notes.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Noted 11/15/18, 11/23/18 and 01/9/19 Hospice visits into progress notes -</i></p>	<p>1-9-20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Physician visits on 11/15/18, 11/23/18, and 1/9/19 were not documented in progress notes.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Failure in understanding rules. Hospice visits should be noted in progress notes. Will note all hospice visits and APRN visits going forward.</i></p>	<p>1-9-20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 – Resident fell in bedroom on 5/7/19, however, fall was not documented in the resident's progress notes for May 2019.</p> <p>Resident #1 – Diet type was incorrectly documented as "regular" on monthly progress notes from April 2019 to present. Resident's physician prescribed diet is low-salt diet.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> Water hose on the ground obstructing the emergency exit pathway.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Installed a hose rack at this path way.</i></p>	<p><i>1-9-20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drill not performed between 1/5/19 and 9/31/19.</p> <p>Duration of fire drill performed on 9/31/19 not documented.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p>FINDINGS Bedroom #3 – Strong, foul odor in bedroom.</p>	<p>PART 1</p> <p>THIS DEFICIENCY WAS CORRECTED DURING THE INSPECTION.</p> <p><i>Any resident that has voided their clothes or bed will be given priority over any other task. Will also include this reminder in 6 months in our "refresher training"</i></p> <p><i>Room was cleaned and odor odor was removed.</i></p>	<p><i>1-9-20</i></p>

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Licensee's/Administrator's Signature: CORAZON REYES

Print Name: CORAZON REYES

Date: 1-9-20